# CERTIFICATION EXAMINING BOARD OF LASACT. INC

P.O. Box 80235 \* Baton Rouge, LA 70898-0235 \* Phone: 225-766-2992 Fax 225-766-8552 \* e-mail: ceb@lasact.org \* web site: www.lasact.org

Two or More Certificates ONE YEAR RENEWAL

Date????

**Dear AADC and CCDP-D Holders:** Please refer to the attached documents for renewal of your AADC and CCDP-D for a one-year period...until October 3, 2026. Also, please notify me should you plan to let either of these credentials lapse so that our files and database can be adjusted. Thank you

## **One Year Certificate Holder:**

Your Advanced Alcohol and Drug Counselor (AADC) and Certified Co-occurring Disorder Professional-Diplomate (CCDP-D) certificates expire October 3, 2026. Attached are the necessary re-certification documents for your one-year renewal:

- (1) Re-certification Requirements
- (2) Re-certification Application Form
- (3) Education Summary Form
- (4) Code of Ethics

If you join LASACT at the time you submit your re-certification application, you may pay the member rate to recertify. If needed, a LASACT Membership Application Form can be located on our web page at <a href="www.lasact.org">www.lasact.org</a> under the Membership tab. <a href="Please complete this form only if you are not a current member and wish to join at this time.">this time</a>. In addition to the discounted recertification fee, you are also entitled to discounts on all of our educational offerings including our Annual Conference.

A generic IC&RC certificate is included in your renewal packet. Holding this certificate allows you to reciprocity your credential to another state or country that IC&RC recognizes. Also, you have the <u>option</u> of ordering an **official** international certificate for a fee of \$25.00 for each certificate requested. This certificate displays your official certification number that IC&RC issues, whereas the generic certificate does not have this displayed. A form is attached should you want to order an Official Certificate.

Read all attached documents thoroughly and carefully so you will know exactly what you need to do to re-certify.

When renewing your AADC and/or CCDP-D for the <u>one year period</u>, please pay particular attention to the information about the continuing education hours that are required. <u>The hours for your CCDP-D must be in integrated services, dual diagnosis, and/or co-occurring disorders.</u> Nothing else will be accepted. For your AADC renewal your practice credential card acknowledges that you have the hours necessary to renew.

Sincerely,

Adrianne Trogden

**CEB Chairman** 

JR:dcs

**Attachments** 

Recertification Requirements (Page 2)
Application For Recertification (Page 3)
Summary of Continuing Education Hours (Page 4)
IC&RC Official Certificate Request Form (Page 5)
Code of Ethics (Separate Document)

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ADVANCED ALCOHOL AND DRUG COUNSELOR (AADC) and CERTIFIED CO-OCCURRING DISORDER PROFESSIONAL-DIPLOMATE (CCDP-D) Recertification Requirements for a 1-year period

## AADC and CCDP-D ONE-YEAR RENEWAL

**AADC** and CCDP-D: After the initial certification period, renewal of the AADC and CCDP-D is required *yearly* for social workers holding this credential. During each one-year cycle, recertification will require 20 hours of continuing education specific to integrated/cooccurring treatment services education/training (addiction with another mental health co-occurring topic). An accepted cooccurring education unit is one that addresses treatment of a client that suffers with substance abuse disorder and another simultaneous problem which impacts mental health. You will typically find these hours with titles of the course as Dual Diagnosis, Co-occurring, Integrated Care or Mental Health with Substance Abuse. In-service hours will not be allowed.

Remember, in-service hours will **not** be allowed.

- 1. Hours may be accrued up to 90 days preceding the certification cycle, if not used for the previous certification. If you have all of the necessary continuing education hours but miss the deadline for submission of your application for recertification, you have a 90-day grace period within which you may submit your application with a late fee.
- If you do not have all of the necessary continuing education hours, your certification will lapse; however, you have one year from your expiration date within which to recertify by acquiring the needed hours plus prorated hours calculated at 1.67 hours per month from the expiration date to the date you submit your recertification application. You may contact us at ceb@lasact.org for assistance in calculating your hours and additional fees.

Co-occurring Education Hours are offered at the Summer LASACT Conference each year. In addition, on the LASACT webpage www@lasact.org under the "Education Opportunities" tab, there is a link to the Distance Learning Center for Addiction Studies (DLCAS) which offers online courses in co-occurring disorder and integrated services that meet this requirement. Of course, you may take advantage of any other options available to you for integrated/co-occurring treatment services education/training.

An Applicant for a one-year recertification should submit the following documents and fees.

- Application Form that LASACT will provide and that will be posted on web site www.lasact.org under the Certification tab.
- Signed Code of Ethics Statement *located at the bottom of the Application form.*
- Copy of current ADRA card or other "right-to-practice" card. 3.
- Documentation of 20 hours of continuing education specific to integrated/co-occurring treatment services during the oneyear certification period;
- Appropriate Fee determined from the following Fee Schedule: 5.

## Fees for One-Year Renewals for those holding AADC and CCDP-D:

Fees for One-Year Renewals for those holding only 1 Credential

- \$75 Member Rate LASACT

\$60 Member Rate or

- \$150 Non-member Rate (A membership form can be found at <u>www.lasact.org</u> /LASACT tab)

\$90 Non-Member Rate

- \$50 late fee for each credential is required if application is submitted after the expiration date.

- \$25 fee for each Official International Certificate ordered (OPTIONAL)

### All fees are non-refundable.

You have a 90-day grace period to get the required materials in with the late fee; however, education hours may not be acquired during this period.

Certification Renewal Notices may also be sent out by e-mail. Please notify us of any changes to your e-mail address

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# APPLICATION FOR RECERTIFICATION for I YEAR

AADC Advanced Alcohol and Drug Counselor AND
CCDP-D Certified Co-Occurring Disorder Professional-Diplomate
October 3, 2025
Certificate(s) Expiration Date

Name to appear on certificate(s): <u>Click here to enter text.</u>							
Address: Click here to enter text. Street/Apt. #/ P.O. Box							
Click here to enter text.	Click here to enter text.	Click here to enter text.					
City	State	ZIP					
Phone: W <u>Click here to enter text.</u> H <u>Click here to enter text.</u>	ere to enter text. E-mail	Click here to enter text.					
Place of Employment: <u>Click here to enter text.</u>	_						
Employers Address: <u>Click here to enter text.</u>	_						
Click here to enter text.	Click here to enter text.	Click here to enter text.					
City	State	ZIP					
Required Enclosures: Please check each item to v	•						
		rs level credentialing card showing an approximate Your AADC/CCDP-D renewal cannot be processed					
• • •		and valid right to practice credential. <b>Do not send</b>					
your current AADC/CCDP-D card.	ig inai you noia a carreni i	and valid right to practice credental. Do not semi					
☐ Education Summary Form with back-up certific	cates to verify 20 CEHs for	your AADC/CCDP-D for one-year renewals.					
· ·	nvenience Fees apply to Credi	t Card Payments					
(Check applicable item)							
Online at <u>www.lasact.org</u> <b>AND</b> fax application form to 225.766.8552.							
Payment by Credit Card (1. Complete Area at Bottom of this Form or 2. Call 225/766-2992 or 3. Fax to 225 766-8552)							
Mail to P.O. Box 80235, Baton Rouge, LA 7089	8-0235 <b>AND</b> attach the requir	ed renewal forms.					
AADC and CCDP-D Renewal Fees for One-year l	Renewals: (Check those that	apply to your renewal)					
□ \$ 75 Current LASACT Members Rates							
□ \$150     NON-MEMBER Rate (A member Late fee for each certificate renew Charge for each Official Internation							
$\Box$ \$ 25 Charge for each Official Internation	onal Certificate(s) Ordered (	<u>Optional)</u>					
Signature below denotes that applicant:							
	stance abuse: is free of any	ethical or malpractice violation; ACCEPTS ALL					
OF THE PRINCIPLES OF THE CODE OF ETI	HICS AND DISCIPLINAR	Y PROCEDURE. Applicant understands that the					
AADC/CCDP-D certificate is not a substitute or a replacement for the Social Worker credential and therefore is NOT a license							
with which to practice substance abuse counseling.							
Signature <u>Click here to enter text.</u> Date	: Click here to enter text	. <u>/</u> Rev 8/25					
THIS FORM AND OTHER REQUIRED INFORMATION MUST BE POSTMARKERD BY THE EXPIRATION DATE. REMINDER: IF ALL CEHS ARE							
NOT OBTAINED BY THE EXPIRATION DATE, PRO-RATED HOURS MUST BE SUBMITTED WITH LATE FEE.							
No. 14 Estantant							
*IF PAYING WITH Credit Card # <u>Enter text.</u> Expiration Date: <u>Enter text.</u> Security Code: <u>Enter text.</u> CREDIT CARD:							
Name on Card if Difference fi	rom Above: <u>Enter text.</u>	Billing Zip: Enter text.					

Name: Click here to enter text.

# **Certification Examining Board of LASACT**

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### SUMMARY OF CONTINUING EDUCATION FOR AADC/CCDP-D RENEWAL—1 YEAR RENEWAL

October 3, 2025
Certificate(s) Expiration Date
Continuing Education Requirement: 20 hours in integrated services /co-occurring disorders / d

Continuing Education Requirement: 20 hours in integrated services /co-occurring disorders / dual diagnosis. Dates to be covered are for the <u>one-year period</u> of this certification (10/3/2024-10/3/25).

Date	Provider	Title	# Hours
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
			_
Enter text.	Enter text.	Enter text.	Enter text.
<b>D</b>			T
Enter text.	Enter text.	Enter text.	Enter text.
Enter text	Enter toyt	Enter toyt	Enter toyt
Enter text.	Enter text.	Enter text.	Enter text.
		Total Hours	Enter text.

Make extra copies as needed.

### **Instructions:**

- ✓ Enter only one educational event per row.
- ✓ Provide the information requested in each column for each educational event.
- ✓ Number of hours must total a minimum of 20 for the one-year certification period.
- ✓ Attach a copy of a certificate for each educational event listed. Certificates must show the provider, date(s), title of event, speaker/presenter, number of contact hours completed, and your name. Certificates without this information will be rejected. Title of educational event must indicate clearly that it is related to integrated services and/or co-occurring disorders.
- ✓ If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.
- ✓ Hours received up to 90 days preceding this cycle can be used if they were not used in a previous renewal.

8/25

THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES IF NECESSARY. DO NOT WRITE ON THE BACK. ALSO, SIMPLY SAYING "CERTIFICATE ATTACHED" IS NOT ACCEPTABLE

# OFFICIAL IC&RC CERTIFICATE REQUEST

(Please Note: A GENERIC Certificate will be included in your Renewal Packet. This is optional)

Date of Request: _Enter text						
	LASACT C	redential held:				
	AADC	ICAADC				
NAME TO APPEAR ON IC&RC CE	ERTIFICATE _Click her	re to enter text.				
Address: _Click here to enter text	Zip: _Enter text					
E-Mail Address: _Click here to enter	text					
Method of Payment:	Check <u>□</u>	Money Order □				
(Check One) (There is no convenience fee charged for this transaction)	Credit Card □	Other $\Box$				
Amount of Payment (\$25 for each cer	rtificate): \$ _Enter text.					
If paid by Credit Card:						
Card Number _Click here to 6	enter text					
Name on Card if Different Fr	om Above: _Click here	to enter text				
Expiration Date: _Enter text Security Code: _Enter text						
Delivery Zip Code if Differen	nt from Above: _Enter te	ext				
For Office Use: # for Certificate: _Enter text Date Credential Issued: _Enter text						
Date Mailed/	File Updated: _Enter te	Date of Expiration: _Enter text				
IC&RC Noti:	fied: Enter text.					